

155/9E-1cc
Record.

WATER RESOURCES DEPT.

~~Well Number~~

(2) TYPE OF WORK:

☐ New Well ☐ Deepen ☒ Recondition ☐ Abandon

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable
☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(8) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 170 ft.

Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Gage	From	To	Material	From	To	
			undistributed			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
	5"	+1	-170		☒	☐	☒	☐

Actual location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Factory

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	170	1.8	195			☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump	☒ Bailer	☐ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time

9	3		1 hr.

Temperature of water 52° Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ " Longitude _____
Township 15S * Nor S, Range 9E E or W, WM.
Section 1 SW SW 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 689 Graham Ct. 689
Crossroads 3rd Add. Sisters, Ore

(10) STATIC WATER LEVEL:

147 ft. below land surface. Date 8-14-87
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 147

From	To	Estimated Flow Rate	SWL
147	170	15 GPM	147

(12) WELL LOG:

Ground elevation

[illegible]

Date started 8-7-87 Completed 8-15-87

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

belief. WWC Number 685
Signed [Signature] Date _____

WELL IDENTIFICATION FORM

Owner's Well Number: 155/9E-1CC

CURRENT WELL OWNER:

Phone (541) 349-1869

Name: Ben Anderson

Mailing Address: 68959 Graham Ct

City: Sisters State: Or Zip: 97759

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

County: Deschutes Latitude: Desc 2884 & 2746 Longitude: _____

Township: 15 S Range: 9 E or W Section: 1C NW 1/4 SW 1/4

Tax Lot Number: 41500 (Tax Map # 15-09-01C)

Street Address of Well (if different from above): Same as above

Lot 47 Crossroads First Add.

WELL INFORMATION:

Start Card Number: ? Approx. Construction Date: 1979 8-14-87

Well Constructor: Davidson Drilling Co.

Name of Owner at Time of Construction: Clifford Pahl

Well Depth (in feet): 170 Static Water Level (in feet): 147

Diameter of Exposed Well Casing (in inches): 6" (11 in 5")

Does this well have a formal water right associated with it? Yes: ? No: _____ If yes: _____

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 20000536